This Assignment is effective as of November 4, 2003. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, we, Nathaniel M. Sims, of Milton. Massachusetts; Nhedti Colquitt, of Aloha, Oregon; Michael Wollowitz, of Chatham, Massachusetts; Matt. Hickox, of Devens, Massachusetts; and Michael Dempsey, of Groton, Massachusetts; by virtue of assignment provisions in an employment contract preexisting the application filing date noted below, hereby confirm our assignment to THE GENERAL HOSPITAL CORPORATION, a corporation of Massachusetts, having a place of business at 55 Fruit Street, Boston, Massachusetts 02114; and its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title, and interest throughout the world in the inventions and improvements which are the subject of a utility application entitled <u>LIFE SIGN DETECTION AND HEALTH STATE ASSESSMENT SYSTEM</u>, filed on May 3, 2006, and assigned Serial Number 10/595,672, and the subject of PCT Application Serial No. PCT/US04/36587, filed on November 3, 2004, and U.S. Provisional Application Serial No. 60/517,149, filed on November 4, 2003 (to which the utility application claims priority); this assignment including said application, any and all United States and foreign patents, utility patents and models, continuations, continuations-in-part, divisionals, reexaminations, reissues, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said applications under all treaties; and this assignment also including, without limitation, any claims (known or unknown, suspected or unsuspected) of any nature that we have or may have against any party for infringement of any of the patents and patent applications listed herein, and the right to sue for past infringement and to recover and retain damages and profits in respect thereof; and

we hereby confirm our prior authorization of the Assignee, as of November 4, 2003, to apply in all countries in our name or in its own name for patents, utility models, design registrations, and like rights of exclusion and for inventors' certificates for said inventions and improvements; and

DATE: 4(25/11 NATHANIELM, SIMS

STATE OF WANS COLUMN (44) SS.
COUNTY OF SAR COLUMN)

On <u>\(\lambda\) \(\lambda\) \(\lambda\) before me, the undersigned, a notary public for the State of \(\frac{\lambda\) \(\lambda\) \(\lambda\) \(\lambda\) there personally appeared NATHANIEL M. SIMS personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.</u>

WITNESS my hand and official seal.

Man Ceres a Record of 2014 Nothing Public Comm. Expines May 9,2014

Villa 1998 THOMAS
Weldary Public
Villa 1998 of Massachusens
May Commission Expires
May 9, 2014

DATE:	
	NHEDTI COLQUITT
STATE OF)
) SS.
COUNTY OF)
On	, before me, the undersigned, a notary public for the State of
	, there personally appeared NHEDTI COLQUITT personally known to me (or proved
who acknowledged	of satisfactory evidence) to be the person whose name is subscribed to this Assignment, having executed the same in his authorized capacity and that by his signature on this son or the entity upon behalf of which he acted, executed this Assignment.
WITNESS 1	my hand and official seal.
	Notary Public

DATE:	
	MICHAEL WOLLOWITZ
STATE OF)
) SS.
COUNTY OF	
On	, before me, the undersigned, a notary public for the State of
<u>,</u> th	here personally appeared MICHAEL WOLLOWITZ personally known to me (or
Assignment, who acknow	asis of satisfactory evidence) to be the person whose name is subscribed to this owledged having executed the same in his authorized capacity and that by his amment, the person or the entity upon behalf of which he acted, executed this
WITNESS my h	and and official seal.
	Notary Public

DATE:	
	MATT HICKCOX
STATE OF)
STATE OF) SS.
COUNTY OF)
On	, before me, the undersigned, a notary public for the State of
, the	ere personally appeared MATT HICKCOX personally known to me (or proved to
acknowledged having ex	ctory evidence) to be the person whose name is subscribed to this Assignment, who recuted the same in his authorized capacity and that by his signature on this rethe entity upon behalf of which he acted, executed this Assignment.
WITNESS my ha	and and official seal.
	Notary Public

DATE:	
	MICHAEL DEMPSEY
STATE OF)
COUNTY OF) SS.
On	, before me, the undersigned, a notary public for the State opersonally appeared MICHAEL DEMPSEY personally known to me (or proved
to me on the basis of satisfa who acknowledged having	actory evidence) to be the person whose name is subscribed to this Assignment executed the same in his authorized capacity and that by his signature on this se entity upon behalf of which he acted, executed this Assignment.
WITNESS my hand	and official seal.
	Notary Public

<u>ASSIGNMENT</u>

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DATE:	
	NATHANIEL M. SIMS
STATE OF)
) SS.
COUNTY OF	
On	, before me, the undersigned, a notary public for the State of
, there	personally appeared NATHANIEL M. SIMS personally known to me (or proved to
me on the basis of satisfa acknowledged having en	ictory evidence) to be the person whose name is subscribed to this Assignment, who xecuted the same in his authorized capacity and that by his signature on this r the entity upon behalf of which he acted, executed this Assignment.
WITNESS my ha	and and official seal.
	Notary Public

DATE: Dec 4, 90/0 About Colours Sunt

STATE OF VIJOU

On the personally appeared NHEDTI COLQUITT personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

Notary Public

OFFICIAL SEAL

DAWN CHAU MUNGER

NOTARY PUBLIC-OREGON

COMMISSION NO. 444319

MY COMMISSION EXPIRES NOVEMBER 18, 2018

MICHAEL WOLLOWITZ
}
) SS.
)
, before me, the undersigned, a notary public for the State of
rsonally appeared MICHAEL WOLLOWITZ personally known to me (or
satisfactory evidence) to be the person whose name is subscribed to this d having executed the same in his authorized capacity and that by his the person or the entity upon behalf of which he acted, executed this
official seal.
Notary Public

DATE:	
	MATT HICKCOX
STATE OF)
) SS.
COUNTY OF	
On	, before me, the undersigned, a notary public for the State of
then	re personally appeared MATT HICKCOX personally known to me (or proved to
acknowledged having exe	tory evidence) to be the person whose name is subscribed to this Assignment, who ecuted the same in his authorized capacity and that by his signature on this the entity upon behalf of which he acted, executed this Assignment.
WITNESS my han	nd and official seal.
	Notary Public

DATE:	
	MICHAEL DEMPSEY
STATE OF) SS.
COUNTY OF)
On	, before me, the undersigned, a notary public for the State of
who acknowledged having	actory evidence) to be the person whose name is subscribed to this Assignment, executed the same in his authorized capacity and that by his signature on this acted, executed this Assignment.
WITNESS my hand	l and official seal.
	Notary Public

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DATE:		
	NATHANIEL M. SIMS	
STATE OF)	
) SS.	
COUNTY OF)	
On	, before me, the undersigned, a notary public for the State	e o
	nally appeared NATHANIEL M. SIMS personally known to me (or prove	
acknowledged having execut	evidence) to be the person whose name is subscribed to this Assignment, ed the same in his authorized capacity and that by his signature on entity upon behalf of which he acted, executed this Assignment.	
WITNESS my hand a	nd official seal.	
	Notary Public	
	NORMAL PROPERTY	

DATE:	
	NHEDTI COLQUITT
STATE OF)
COUNTY OF) SS.
On	, before me, the undersigned, a notary public for the State or personally appeared NHEDTI COLQUITT personally known to me (or proved
to me on the basis of satisfac who acknowledged having e	ctory evidence) to be the person whose name is subscribed to this Assignment executed the same in his authorized capacity and that by his signature on this entity upon behalf of which he acted, executed this Assignment.
WITNESS my hand	and official seal.
	Notary Public

DATE: Oct, 28, 2010	MCHKEL WOLLOWITZ
proved to me on the basis of satisfactory evide Assignment, who acknowledged having execute	e me, the undersigned, a notary public for the State of MICHAEL WOLLOWITZ personally known to me (or nce) to be the person whose name is subscribed to this ed the same in his authorized capacity and that by his his entity upon behalf of which he acted, executed this

Notary Public

WITNESS my hand and official seal.

DONNA M. CASEY
Notary Public, State of New York
Qualified in Columbia County
Reg No. 4976225
Commission Expires Jan. 14, 20 //

DATE:	
	MATT HICKCOX
STATE OF)
STATE OF) SS.
COUNTY OF)
On	, before me, the undersigned, a notary public for the State of
, the	ere personally appeared MATT HICKCOX personally known to me (or proved to
acknowledged having ex	ctory evidence) to be the person whose name is subscribed to this Assignment, who recuted the same in his authorized capacity and that by his signature on this rethe entity upon behalf of which he acted, executed this Assignment.
WITNESS my ha	and and official seal.
	Notary Public

DATE:	
	MICHAEL DEMPSEY
STATE OF)
) SS.
COUNTY OF	
On	, before me, the undersigned, a notary public for the State of
, there	e personally appeared MICHAEL DEMPSEY personally known to me (or proved
who acknowledged having	factory evidence) to be the person whose name is subscribed to this Assignment, g executed the same in his authorized capacity and that by his signature on this the entity upon behalf of which he acted, executed this Assignment.
WITNESS my han	nd and official seal.
	Notary Public

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DATE:

NATHANIEL M. SIMS

STATE OF

SS.

COUNTY OF

On

there personally appeared NATHANIEL M. SIMS personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

Notary Public

we hereby covenant that we have the full right to convey the entire right, title, and interest herein

assigned and that we have not executed and will not execute any agreement in conflict herewith.

DATE	NHEDTI COLQUITT
STATE OF	
) 58.
COUNTY OF	
On	before me, the undersigned, a notary public for the State of the personally appeared NHEDTI COLQUITT personally known to me (or proved
who acknowledged having	factory evidence) to be the person whose name is subscribed to this Assignment, executed the same in his authorized capacity and that by his signature on this the entity upon behalf of which he acted, executed this Assignment.
WITNESS my han	d and official seal.
	Notary Public

DATE:	
	MICHAEL WOLLOWITZ
STATE OF)
) SS.
COUNTY OF	
On	, before me, the undersigned, a notary public for the State of
<u>,</u> th	here personally appeared MICHAEL WOLLOWITZ personally known to me (or
Assignment, who acknow	asis of satisfactory evidence) to be the person whose name is subscribed to this owledged having executed the same in his authorized capacity and that by his amment, the person or the entity upon behalf of which he acted, executed this
WITNESS my h	and and official seal.
	Notary Public

Atterney Docket No: 00786-0759US1 - MGH 02357

DATE: ////2010	MATTHICKOX
STATE OF) SS.
	before me, the undersigned, a notary public for the State of appeared MATT HICKCOX personally known to me (or proved to) to be the person whose name is subscribed to this Assignment, who me in his authorized capacity and that by his signature on this
Assignment, the person or the entity upo	n behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

Notary Public

VASSO DROSOS

Notary Public
Commencedit of Messachusetts
My Commission Expires
March 31, 2017

DATE:	
	MICHAEL DEMPSEY
STATE OF)
) SS.
COUNTY OF	
On	, before me, the undersigned, a notary public for the State of
, there	e personally appeared MICHAEL DEMPSEY personally known to me (or proved
who acknowledged having	factory evidence) to be the person whose name is subscribed to this Assignment, g executed the same in his authorized capacity and that by his signature on this the entity upon behalf of which he acted, executed this Assignment.
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DATE:		
	NATHANIEL M. SIMS	
STATE OF)	
) SS.	
COUNTY OF)	
On	, before me, the undersigned, a notary public for the State	e o
	nally appeared NATHANIEL M. SIMS personally known to me (or prove	
acknowledged having execut	evidence) to be the person whose name is subscribed to this Assignment, ed the same in his authorized capacity and that by his signature on entity upon behalf of which he acted, executed this Assignment.	
WITNESS my hand a	nd official seal.	
	Notary Public	
	NORMAL PROPERTY	

DATE:	
	NHEDTI COLQUITT
STATE OF)
COUNTY OF) SS.
On	, before me, the undersigned, a notary public for the State or personally appeared NHEDTI COLQUITT personally known to me (or proved
to me on the basis of satisfac who acknowledged having e	ctory evidence) to be the person whose name is subscribed to this Assignment executed the same in his authorized capacity and that by his signature on this entity upon behalf of which he acted, executed this Assignment.
WITNESS my hand	and official seal.
	Notary Public

DATE:	
	MICHAEL WOLLOWITZ
STATE OF)
) SS.
COUNTY OF	
On	, before me, the undersigned, a notary public for the State of
<u>,</u> th	here personally appeared MICHAEL WOLLOWITZ personally known to me (or
Assignment, who acknow	asis of satisfactory evidence) to be the person whose name is subscribed to this owledged having executed the same in his authorized capacity and that by his amment, the person or the entity upon behalf of which he acted, executed this
WITNESS my h	and and official seal.
	Notary Public

DATE:	
	MATT HICKCOX
STATE OF)
STATE OF) SS.
COUNTY OF)
On	, before me, the undersigned, a notary public for the State of
, the	ere personally appeared MATT HICKCOX personally known to me (or proved to
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WITNESS my ha	and and official seal.
	Notary Public

Attorney Docket No: 00786-0759US1 - MGH 02357

DATE: <u>MAY 1, 2011</u>	July	Klum	E. Commence
	MICHAEL I	DEMPSEY	
STATE OF Massachusetts			
COUNTY OF Suffeld	SS.		
On May 1 2011 Messachusett There personally app	, before me, the un beared MICHAEL DI	idersigned, a notary EMPSEY personally l	public for the State of known to me (or proved
to me on the basis of satisfactory evidence who acknowledged having executed the	same in his authorize	ed capacity and that I	by his signature on this
Assignment, the person or the entity upon	behalf of which he ac	ted, executed this Ass	signment.

WITNESS my hand and official seal.

Notary Public

Love m. Doverumo

ASSIGNMENT OF INVENTION

Title of Invention: LIFE SIGN DETECTION AND HEALTH STATE ASSESSMENT SYSTEM

Inventors: NATHANIEL M. SIMS, NHEDTI COLQUITT, MICHAEL WOLLOWITZ, MATT HICKCOX, MICHAEL DEMPSEY, REED W. HOYT, MARK J. BULLER and JOHN S. AMES.

Dates Declaration of Inventorship Executed:

Application Serial Nos.: 10/595,672

Motory Public OWNEACH OF MASSACHEMETTS My Commission Explose AMILIERY 17, 2014

We, the undersigned inventors, in consideration of the rights of the Government of the United States acquired by virtue of the circumstances under which the above-entitled invention was made, hereby:

- 1. Assign to the Government of the United States, as represented by the Secretary of the Army, the emire right, title, and interest throughout the United States, its Territories, Possessions, and Puerto Rico, in and to the above-emitted invention and application for patent all Letters Patent issuing thereon, and any continuation, continuation-in-part, or division of said application and any reissue of extension of said Letters Patent.
- 2. Assign to the Government all right, title, and interest in the invention in those foreign countries in which the Government determines to cause an application to be filed, including but not limited to Australia, Canada, Mexico, Japan and the countries of the European Union.
- 3. Agree to provide any further information within our knowledge and to execute any further documents necessary to the prosecution of patent applications on the invention, the prosecution of interference's, and recording of title of patent applications and patents issuing thereon.

Inventor's Signature:	
Date Caralyaolo	Typed Name of Inventor:
STATE OF MASSACAVSCAS	NAME
COUNTY OF MIDDLESSEE	
	he individual described in and who executed the foregoing I acknowledged to me that the same as his own free act and deed.
(SEAL)	Lunga Runka
ommonth till till till till till till till ti	NOTARY PUBLIC My Commission expires on 1/17/2014

ASSIGNMENT OF INVENTION

Title of invention: LIFE SIGN DETECTION AND HEALTH STATE ASSESSMENT SYSTEM

Inventors: NATHANIEL M. SIMS, NHEDTI COLQUITT, MICHAEL WOLLOWITZ, MATT HICKCOX, MICHAEL DEMPSEY, REED J. HOYT, MARK J. BULLER and JOHN S. AMES.

Daies Declaration of Inventorship Executed:

Application Serial Nos.: 10/595,672

We, the undersigned inventors, in consideration of the rights of the Government of the United States acquired by virtue of the circumstances under which the above-entitled invention was made, hereby:

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- 3. Agree to provide any further information within our knowledge and to execute any further documents necessary to the prosecution of patent applications on the invention, the prosecution of interference's, and recording of title of patent applications and patents issuing thereon.

Inventor's Signature:		38082	-36., 	
Date: 1/1/2010	Typed Name of Inventor:	10.24.02.02	-,3,	Care Supplement
state of <u>VAA</u>				
COUNTY OF MIDDLESEX				
On the above date, known to me to be				

(SEAL)

NOTARY PUBLIC

My Commission expires on

ALIX BELANDRIA

Commonwealth of Massachusetts My Commission Expression, 23, 2015

ASSIGNMENT OF INVENTION

Title of Invention: LIFE SIGN DETECTION AND HEALTH STATE ASSESSMENT SYSTEM

Inventors: NATHANIEL M. SIMS, NHEDTI COLQUITT, MICHAEL WOLLOWITZ, MATT HICKCOX, MICHAEL DEMPSEY, REED J. HOYT, MARK J. BULLER and JOHN S. AMES.

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Inventor's Signature: Quel SC	
Date: 1.4.11	Typed Name of Inventor:
STATE OF Massachusetts COUNTY OF Meddlessel	
COUNTY OF Jeddlessey	·
	dividual described in and who executed the foregoing nowledged to me that the same as his own free act and deed.
(SEAL)	Sandard 9981

My Commission expires on

SANDRA J. MCQUIGGAN
Notary Public
COMMONWEALTHOF MASSACHUSETTS
My Commission Expires
June 09, 2017